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CONFIRMATION NO. 6593

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|---|---|---------------------------------|---|--|
| SERIAL NUMBER 10/808,758 | FILING OR 371(c) DATE 03/24/2004 RULE | CLASS 435 | GROUP ART UNIT 1648 | ATTORNEY DOCKET NO. 5410-006 (312552-24) |
| APPLICANTS Von Seggern, Residence Not Provided; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/459,000 03/28/2003 and claims benefit of 60/467,500 05/01/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** UNITED STATES OF AMERICA PCT/US03/02295 01/24/2003 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/24/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | STATE OR COUNTRY | SHEETS DRAWING 35 | TOTAL CLAIMS 48 | INDEPENDENT CLAIMS 3 |
| ADDRESS 29585 | | | | |
| TITLE Adenovirus particles with enhanced infectivity of dendritic cells and particles with decreased infectivity of hepatocytes | | | | |
| FILING FEE RECEIVED 1274 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |